

**NMC report on the review of Grampian
Local Supervising Authority**

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1 Executive Summary

The purpose of this review has been to examine the function of the Grampian Local Supervising Authority (LSA). The Grampian LSA was identified for review after their 2006-07 annual report was risk assessed and concerns identified. This risk-based approach to review has been approved by the Nursing and Midwifery Council (NMC) Midwifery Committee and is in line with the NMC risk framework and the *Regulators Compliance Code*¹

1.1 Overview and key recommendations

The review team recognised that the North of Scotland LSA Consortium was formed in December 2007 and the new LSA Midwifery Officer (LSAMO) post holder has been in post for 11 months. The team could see that already significant changes and improvements have been made to the way the LSA functions.

The Grampian LSA has adopted the LSAMO Forum UK published documents to support the implementation of the 54 standards for the LSAs as set within NMC *Midwives rules and standards*².

The team notes that nothing in this report would be a surprise to the LSA as the LSAMO has already recognised that the next year's work should focus on demonstrating that the LSA standards have been implemented into everyday supervisory practice. The NMC review team would like to thank everyone for making themselves available and for supporting the NMC review.

Recommendations

This report will be published on the NMC website. The following recommendations have been made to the Grampian LSA and an action plan must be submitted to the NMC within 8 weeks of receiving this report and will be published alongside this report.

The LSA is recommended to:

Publications

- implement the LSAMO Forum UK guidance into everyday supervisory practice.

Training and competence development

- support the LSAMO to gain the competence and experience in carrying out LSA investigations
- assess the competence of all the supervisors of midwives (SoMs) against the NMC Standards and competencies for supervisors of midwives
- ensure that all the supervisors of midwives are trained and are able to carry out supervisory investigations and also know when to instigate an investigation

¹http://www.cabinetoffice.gov.uk/REGULATION/reform/enforcement_concordat/compliance_code.asp

² NMC 2004. Nursing and Midwifery Council (2004) *Midwives rules and standards*. London; NMC

- ensure that the supervisors receive appropriate training to maintain competence in their role
- monitor the provision of training to ensure that training for SoMs meets their needs and that the minimum standard is being met (6 hours per annum)
- ensure that all the SoMs are trained and competent in audit and review processes.

Supervisory records

- improve supervisory record keeping and implement an electronic database as a more systematic and effective system
- ensure specifically that the National Guideline B (*Retention and transfer of supervisory records relating to statutory supervision*) is implemented into the SoMs' immediate current practice and this is then audited
- continue to monitor the quality and accuracy of supervisory records and the record keeping systems.

Support the framework for supervision

- introduce a formal 24 hour on call rota to ensure that there is 24 hour access to a SoM
- ensure that SoMs receive adequate administrative support to carry out their roles effectively
- continue to monitor the intention to practice notification processes and submission of ITP data to ensure ongoing compliance with these standards
- ensure that the SoMs keep the LSA informed that they are able to take their protected time for supervision
- develop the LSA audit tool to be more specific so that SoMs know which standards and rules that they have met or partially met.
- the LSA needs to make specific recommendations from the audit for the SoM team.
- the SoM team need to develop an action plan in response to the audit and then implement the action in a planned way during the following year.
- The LSA should receive the action plan as a formal document.

Women centred care and evidenced based practice

- continue to develop ways of informing women and their families about the role of the SoM and the LSAMO and their availability to offer support, advice and guidance
- ensure that women-based care and evidenced based clinical practice continues to be supported and promoted by the SoMs at all times
- promote and develop greater user involvement LSA audits and in the development of evidence based practice.

Promote robust clinical governance structures

- improve liaison with clinical governance systems to ensure that the LSAMO is informed of all Serious Untoward Incidents relating to maternity
- ensure that supervisory investigations are instigated appropriately
- ensure that the LSAMO has a voice at executive level of the Health Board holding the responsibility for the LSA function.

The NMC is recommended to:

- continue to monitor and review the activities of this LSA in respect of its adherence to the standards for the Supervision of Midwives, and, specifically
- monitor and evaluate the LSA's response to the recommendations from the review.

Acknowledgements

The review team would like to particularly thank Mary Vance the LSAMO and the Grampian supervisory team.

2. Background

2.1 Nursing and Midwifery Council

The NMC is the statutory body for the regulation of nurses and midwives. The core function of the NMC is to establish standards of education, training, conduct and performance for nursing and midwifery and to ensure those standards are maintained, thereby safeguarding the health and wellbeing of the public. The NMC is empowered to carry out these functions by the Nursing and Midwifery Order 2001(The Order)³.

The NMC also has responsibility under The Order for setting the Rules and standards related how LSAs carry out their function⁴. The NMC wishes to know of any concerns that may impact upon the health and wellbeing of women and families, such as poor midwifery practice. Also of concern to the NMC would where the clinical environment was not a safe and supportive place for the provision of care or as an appropriate learning environment for pre-registration midwifery students.

2.2 Local Supervising Authorities

LSAs are organisations that hold statutory roles and responsibilities for supporting and monitoring the quality of midwifery practice through the mechanism of statutory supervision of midwives. The primary responsibility of a LSA is to protect the public.

LSAs sit within an organisation such as a NHS authority, and this varies in each country of the United Kingdom. The chief executive of the organisation is responsible for the function of the LSA. In Scotland the LSA is the Health Board.

Each LSA must appoint a practising midwife to the role of LSAMO. The statutory requirements for this person and role are also set by the NMC. The LSAMO is employed by the LSA to put its responsibilities into practice and this function cannot be delegated to another person or role. The LSAMO has a pivotal role in clinical governance by ensuring that the standards for supervision of midwives and midwifery practice meet the requirements set by the NMC. Apart from the NMC the LSA is the only organisation that can suspend a midwife from practice and can only do so pending referral to the NMC with allegations of misconduct or persistent lack of competence

Supervisors of midwives (SoMs) are experienced midwives who have undergone additional education and training in the knowledge and skills needed to supervise midwives. SoMs can only be appointed by a LSA, not by an employer, and as such are acting as an independent monitor of the safety of midwives' practice and the environment of care provided by the maternity services. By appointing SoMs the LSA ensures that support, advice and guidance are available for midwives and women 24-hours a day, to increase public protection. SoMs are accountable to the LSA for all their supervisory activities and their role is to protect the public by enabling and empowering midwives to practise safely and effectively. They also have a responsibility to bring to the attention of the LSA any practice or service issues that might undermine or jeopardise midwives' ability to care for women and their babies safely.

Every midwife practising in the UK is required to have a named SoM who is from the LSA in which she practises midwifery most each year. This LSA is described as the midwife's main

³ The Nursing and Midwifery Order 2001, SI 2002 N0 253

⁴ The Nursing and Midwifery Order 2001, Part VIII, Articles 42 and 43

area of practice and every midwife is required to notify her/his intention to practise (ITP) to this LSA each practice year. A practice year runs from the 1 April to the 31 March.

2.3 The NMC Framework for reviewing LSAs

The NMC sets the rules and standards for the function of the LSA which are detailed in the Midwives Rules and Standards. The NMC has a duty to verify that the LSAs are meeting the required rules and standards and this will be achieved through the “*NMC framework for reviewing LSAs*” (www.nmc-uk.org). The purpose of the review is to verify that the LSAs are meeting the required standards and to enable concerns that may impact upon protection of the public and safety of women and their families to be highlighted and give recommendations for action.

The review should target serious issues and concerns identified in the LSA profile but may also include exploration of key themes highlighted by the NMC. The review aims to be both formative (an aid to development) and summative (a check that a required standards are being met).

As part of the review, the review team will assess:

- the function of the Local Supervising Authority
- the function of statutory supervision of midwives
- information from the LSA profile and self assessment form
- concerns which may affect protection of the women, babies and their families
- concerns in relation to the learning environment of student midwives.

The review team should:

- verify that the Midwives rules and standards are being met
- explore key themes identified by the NMC
- visit one or more maternity services if deemed appropriate due to the reasons for the review
- meet with stakeholder groups including the LSAMO, midwives, supervisors of midwives, users of maternity services, lay organisations and representatives, Directors and Heads of Midwifery, Directors of Nursing, Chief Executive of the Health Board and LSA
- observe evidence of examples of best practice within the function of the LSA
- explore any other areas of concern or interest during the course of their visit.

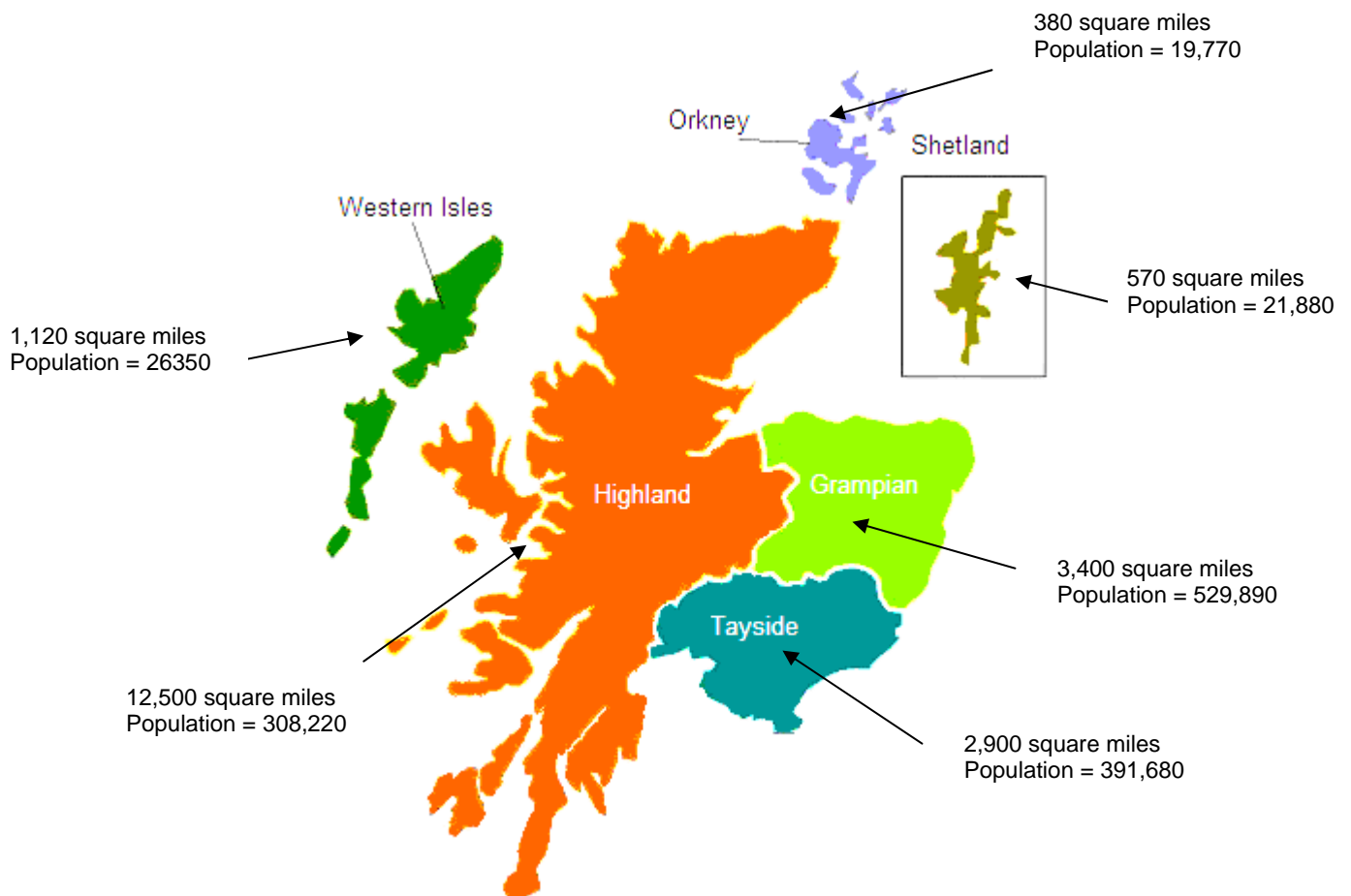
3 Introduction

3.1 The North of Scotland LSA Consortium

In Scotland, the function of the LSAs is provided by the Health Boards, which are arranged into three consortia: the South East of Scotland, the West of Scotland and the North of Scotland.

The North of Scotland LSA Consortium is a collaboration between NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles. Mary Vance is the current LSAMO postholder. The North of Scotland LSA Consortium covers an area of approximately 20,870 square miles, and is approximately 66% of the Scottish land mass and 22% of the UK land mass.

The North of Scotland LSA Consortium



3.2 Profile of the Grampian LSA

Grampian, which is situated in the northeast of the Scottish mainland, has a population of 529,890⁵. NHS Grampian consists of acute services and three Community Health Partnerships (CHPs) in Aberdeen, Aberdeenshire and Moray. In Aberdeen the percentage of the population who are of working age is the fourth highest in Scotland, and the percentage aged 0-15 is the third lowest, and the area has a 2.9% ethnic minority population, which is significantly higher than the Scottish average (2.0%). Whereas in Aberdeenshire and Moray, the percentage of the population who are of working age is lower than the Scotland average. The two areas have a 0.7 - 0.9% ethnic minority population⁶, which is significantly lower than the Scottish average (2.0%). Life expectancies for males and for females in Grampian are the third highest in Scotland, and have been rising steadily over time and population projections show that by the year 2012 Grampian will have proportionately fewer young and middle aged residents and more elderly than nationally. This has clear implications for health care provision however; mortality rates for the five main causes of death are consistently lower in Grampian than Scotland.

Grampian LSA

Chief Executive Officer -

Richard Carey

Local Supervising Authority Midwifery Officer –

Mary Vance

Previous postholder 06/07 reporting year –

Joan Milne

As of November 2008 there were 34 supervisors of midwives (20 in Aberdeen, 7 in Aberdeenshire and 7 in Moray).

The Grampian LSA



⁵ Note: all population statistics and data were sourced from the Scottish Public Health Observatory available online at http://www.scotpho.org.uk/home/Comparativehealth/Profiles/chp_profiles.asp

⁶ Note: all ethnic minority data was sourced from the 2001 Census, Scotland

3.3 Maternity Services in the Grampian LSA

Maternity services in Grampian consist of a tertiary centre in Aberdeen Maternity Hospital, which services Grampian, Orkney and Shetland; a consultant led maternity service in Dr Grays District General Hospital, Elgin; a Community Maternity Unit in Peterhead and three Birth Units⁷ located at Aboyne, Banff and Fraserburgh. In addition to providing acute services for the region, Aberdeen Maternity Hospital has a Midwife-led Unit for women in and around Aberdeen.

⁷ A Birth Unit is a service where women are discharged home approximately 6 hours after the birth of the baby - there is no capacity for women to stay longer as the unit is not staffed on a 24 hour basis

4 The NMC Grampian LSA review

4.1 Decision for review

The Grampian LSA was considered 'high risk' after the annual report to the NMC was risk scored. The risk analysis showed:

Summary of concern / information	Score
Some requirements of rule 16 of the midwives rules and standards not described in the LSA annual report and NMC not assured that an effective supervisory framework is in place.	RED
SoM/MW ratio above 1:20 within individual services or across the LSA	AMBER
SoM / MW ratio not stated	RED
No evidence that ' <i>continuous access to a SoM</i> ' process is audited so lack of assurance that process is working effectively	AMBER
LSA audit process not described (or not described well) so NMC not assured that an effective supervisory framework is in place	AMBER
No description of ITP process	RED
LSA Audit Process stated as not undertaken	RED
Public User Involvement in supervision audits not described	AMBER
Public User Involvement in supervision could be enhanced	GREEN
Limited information or description provided on maternal death trends within LSA and interface with supervisory framework	RED
Evidence to suggest increasing births across the LSA of over 5-10% or increase in midwife to birth ratio	AMBER
High or low percentage of supervisory practice programmes described and/or lack of definition on reasons for high or low numbers	AMBER
Inadequate supervisory framework in place to meet the Midwives Rules and Standards across the LS	AMBER
Concerns regarding the function and performance of supervision within the LSA	AMBER

4.2 Notification to the LSA and planning the review

Notification of the review was sent to the Grampian LSA on 12 August 2008 and a request was made for key documents and for a self assessment document to be completed.

These documents were then sent back to the NMC 6 weeks prior to the review taking place. Key individuals were identified to meet the review team and a timetable of meetings was drawn up.

4.3 The review

The review team (appendix 1) were based in the Westburn Centre, Aberdeen Royal Infirmary and the Aberdeen Maternity Hospital. The formal review of the LSA took place on 4 and 5 November 2008 (appendix 2).

The review team met with key people including:

- Chief Executive Officer Grampian Health Board/LSA
- LSA Midwifery Officer
- Director of Nursing Grampian Health Board
- Head of Midwifery (previous LSAMO post holder)
- Midwifery Services Manager
- Consultant Midwife
- Lead Midwife for Education
- Clinical risk/governance specialists
- Midwives
- Supervisors of midwives
- Student midwives
- Midwife lecturers and practice educators
- Midwifery managers
- Service users.

5. Review findings

The purpose of this review has been to assess the function of the LSA and whilst the review team were on site they heard about how the LSA and supervision have been reorganised and restructured. Overall the team felt that there has been a clear improvement in the way the LSA has been functioning since the new LSAMO has been in post and below are listed some of the new developments that have been introduced:

- adoption of the LSAMO Forum UK guidance
- establishment of a Supervisors of Midwives Quality Improvement Group (SQIG)
- development of local LSA guidance (Serious untoward incidents and maternal death)
- implementation of a LSA audit of the practice and supervision of midwives
- purchase and implementation of the LSA database
- development of the North of Scotland Consortium LSA website
- compilation of the North of Scotland LSA Consortium risk register.

Other positive issues identified during the review included the:

- promotion of the SoM role by the distribution of the '*Where to be born*' leaflets in 2009
- expression of intent to improve the involvement of users in the annual audits
- strong alliance between education and supervision
- leadership and support provided by the SoM to the midwives
- training of more supervisors of midwives to ensure the midwife to supervisor ratio is being met
- improved use of communication tools e.g. emails between supervisors of midwives and the LSAMO
- open channel of communication between LSAMO, CEO and Director of Nursing.
- close links between LSAMO, SoMs and Lead Midwife for Education (LME)/Lecturers
- future organization of a regional conference for the North of Scotland
- consultant midwife working with the supervisory team to promote and develop normality
- ratio of supervisors of midwives to midwives is now 1:12.

Challenges to the LSA include:

- currently there is not a formal system for 24 hour on call within the Grampian LSA. The current system is very ad hoc and relies on the midwife calling any of the supervisors of midwives from a list until she is able to speak to someone. The midwives thought that there was an on call rota
- there is currently limited administrative support for the SoM team
- work pressure does not always allow SoMs to take time to undertake supervision. The time they get is not recognized as protected
- very few supervisory investigations have taken place and the quality of the ones that have taken place could be improved
- there has been a rise in the birth rate of at least 5% every year for the past 5 years which could impact upon the protection of the public and suitability of clinical environment as a safe and supportive place for provision of care.
- there is an increasing migrant population which increases the complexity of the case mix.

Benchmark 1 - Rule 4 Notifications by Local Supervising Authority

Local supervising authority standards - *In order to meet the statutory requirements for the supervision of midwives, a local supervising authority will:*

Standard	Verification	Evidence Source
4.1 Publish annually the name and address of the person to whom the notice must be sent.	Standard met	<p><i>The LSA publishes notification procedures locally.</i></p> <p><i>The Grampian LSA has agreed to adopt the National LSAMO Forum UK Guidelines. There is a guideline for midwives and supervisors of midwives Guideline K - Guideline for the completion of the Intention to Practise form by a registered midwife. The North of Scotland LSA Consortia is in the process of developing a website and this information will be displayed on this website www.midwiferysupervision-noslsa.scot.nhs.uk.</i></p> <p><i>All the National LSAMO Forum UK guidelines are also published and are available at www.midwife.org.uk.</i></p>
4.2 Publish annually the date by which it must receive intention to practise forms from midwives in its area	Standard met	<i>Local publication sent to the supervisors of midwives to display in local areas.</i>
4.3 Ensure accurate completion and timely delivery of intention to practise data to the NMC by the 20th of April each year	Standard met	<i>This will be via the LSA electronic database which submits notifications to the NMC on a weekly basis. Training for all the SoMs is in progress with the database being launched in the near future.</i>
4.4 Ensure intention to practise notifications, given after the annual submission, are delivered to the NMC by the 20th of each month	Standard met	<i>North of Scotland LSA database</i>

Review team commentary

The SoMs are aware of and use the national guidance. The North of Scotland LSA Consortia has just purchased the web based LSA database to ensure the notifications of intention to practice processes are accurate and timely. The LSA administration support and the LSAMO check the returns from the NMC and immediately deal with any problems that arise.

Recommendations Rule 4:

LSA

The LSA should:

- implement the LSAMO Forum UK guidance into everyday supervisory practice
- continue to monitor the notification processes and submission of ITP data to ensure ongoing compliance with these standards

NMC

The NMC should continue to monitor the submission of ITP data to ensure ongoing compliance with standards 1.3 and 1.4

Benchmark 2 Rule 5 – Suspension from Practice by a Local Supervising Authority

Local supervising authority standards - *To demonstrate there are mechanisms for the notification and investigation of allegations of a midwife's impaired fitness to practise, a local supervising authority will:*

Standard	Verification	Evidence Source
5.1 Publish how it will investigate any alleged impairment of a midwife's fitness to practise.	Standard met	<i>The Grampian LSA has agreed to adopt the National LSAMO Forum UK guidelines which ensure that the LSA meets these standards. This guidance is published on the National LSAMO Forum UK website and the North of Scotland Guideline L Investigation of a midwife's fitness to practise and Guideline I Suspension of Midwives from practice.</i>
5.2 Publish how it will determine whether or not to suspend a midwife from practice.	Standard met	<i>Guideline I Suspension of Midwives from practice. Published on the North of Scotland LSA website</i>
5.3 Publish the process for appeal against any decision.	Standard met	<i>Guideline L Investigation of a midwife's fitness to practise and Guideline I Suspension of Midwives from practice contain appeals processes. Both these guidelines are published on the North of Scotland LSA website.</i>
5.4 Ensure that midwives are informed in writing of the outcome of any investigation by a local supervising authority.	Standard met	<i>Guideline L Investigation of a midwife's fitness to practise and Guideline I Suspension of Midwives from practice. Published on the North of Scotland LSA website</i>

Audit – The LSAMO has carried out an audit of the practice and the supervision of midwives and this identified that there were very few investigations in the Grampian LSA.

Commentary - The Grampian LSA meets this standard in principle by adopting the national guidance. There have been few investigations in recent years resulting in difficulty with demonstrating compliance in practice.

With the introduction of the Standards for Supervised Practice for Midwives, (<http://www.nmc-uk.org/aDisplayDocument.aspx?DocumentID=3288>) (NMC 2007), which give more detail on how incidents should be investigated, the LSAMO has already recognised that this is an area where the supervisory team need training. The LSAMO needs to ensure that the supervisory team are aware of when an investigation should be instigated. The LSAMO is available to the team for advice and guidance and training is planned for later in the year.

Recommendations Rule 5:

LSA

The LSA should

- support the LSAMO to develop the skills and competence required to carry out robust LSA investigations
- ensure that all the supervisors of midwives are trained to carry out supervisory investigation and know when an investigation should take place
- monitor the provision of training for supervisors to ensure it meets their needs and the minimum standard (6 hours/annum) is being met

NMC

The NMC should continue to monitor compliance with these standards through its review and risk assessment of the information in the annual LSA report and other related information.

Benchmark 3 - Rule 9 Records

Local supervising authority standards - *To ensure the safe preservation of records transferred to it in accordance with the Midwives rules, a local supervising authority will:*

Standard	Verification	Evidence Source
9.1 Publish local procedures for the transfer of midwifery records from self-employed midwives.	Standard met	<i>The Grampian LSA has adopted the National Guidance which includes the Guideline H - The procedure for transfer of midwifery records from self employed midwives. This guideline is available via a link on the North of Scotland LSA website.</i>
9.2 Agree local systems to ensure supervisors of midwives maintain records of their supervisory activity.	Standard partially met	<i>It appeared that each SoM has their own record keeping system. The review team checked the current systems by verbal verification only.</i> <i>The LSA has agreed with the SoMs that they will use the LSA database for recording the annual reviews. It is important that ad hoc meetings and advice are recorded in addition.</i> <i>The LSA is now also using the LSA database to improve and standardise its record keeping processes.</i>
9.3 Ensure supervisors of midwives records, relating to the statutory supervision of midwives, are kept for a minimum of seven years.	Standard partially met	<i>Verbal evidence only that this process happens (see commentary below). There has been no formal audit of the supervisory record process.</i>
9.4 Arrange for supervision records relating to an investigation of a clinical incident to be kept for a minimum of 25 years.	Standard partially met	<i>Verbal evidence only. There has been no formal audit of the supervisory record process. The current system needs to be robust to ensure that this happens in practice. The LSA needs to ensure that it stores a copy of the records and has a system for easy retrieval (see commentary below).</i>
9.5 Publish local procedures for retention and transfer of records relating to statutory supervision.	Standard met	<i>The Grampian LSA has adopted the National Guidance which includes the Guideline B - Guidance for retention and transfer of records relating to statutory supervision. This is available to all supervisors via the LSA website link. The LSA database will improve this process.</i>

Commentary

There are no self employed midwives in the Grampian LSA.

The LSA audit of the practice and supervision of midwives did not review the LSA supervisory

recordkeeping processes and also at the visit it was unclear whether supervision records of incidents from the last twenty five years are held and if so where they are stored.

Audit – There have been no formal audits of the supervisory records processes.

Recommendations Rule 9:

LSA

- The LSA should audit whether supervisory record storage systems are robust
- Systems should be developed to ensure that all supervisory records are kept for seven years and records involving incidents should be kept for 25 years
- The LSA needs to ensure that the Guideline B is implemented into the supervisors of midwives current practice
- The LSA should continue to monitor the quality and accuracy of the records and the record keeping system.

NMC

The NMC should continue to monitor compliance with these standards through its review and risk assessment of the information in the annual LSA report and other related information.

Benchmark 4 - Rule 11 Eligibility for Appointment as a Supervisor of Midwives

Local supervising authority standard- *In order to ensure that supervisors of midwives meet the requirements of Rule 11 a local supervising authority will:*

Standard	Verification	Evidence Source
11.1 Publish their policy for the appointment of any new supervisor of midwives in their area.	Standard met	<i>The Grampian LSA is moving from locally agreed processed to adopting the National LSA Standard in relation of Guideline C – Guideline for the nomination, selection and appointment of Supervisors of Midwives.</i>
11.2 Maintain a current list of supervisors of midwives.	Standard met	<i>There is a list of supervisors on the North of Scotland LSA website - http://www.midwiferysupervision-noslsa.scot.nhs.uk/index_Grampian_Supervisors_of_Midwives.htm</i>
11.3 Demonstrate a commitment to providing continuing professional development and updating for all supervisors of midwives for a minimum of 15 hours in each registration period.	Standard partially met	<i>The LSAMO has demonstrated a verbal commitment to providing professional development and updating. Plans are in place for further supervisory training days later in the practice year.</i>

Commentary -

The Grampian LSA met these standards. The guidance is published on the North of Scotland LSA website.

Recommendations Rule 11:

The LSA

- should ensure that supervisors of midwives have implemented the adopted LSAMO Forum UK Guidance
- assess the competence of all the supervisors of midwives against the NMC Standards and competencies for supervisors of midwives
- should monitor the provision of training to ensure this minimum standard is being met

NMC

The NMC should continue to monitor compliance with these standards through its review and risk assessment of the information in the annual LSA report and other related information.

Benchmark 5 – Rule 12 The Supervision of Midwives

Local supervising authority standard - *To ensure that a local framework exists to provide equitable, effective supervision for all midwives working within the local supervising authority, and that a supervisor of midwives is accessible at all times a local supervising authority will:*

Standard	Verification	Evidence Source
12.1 Publish the local mechanism for confirming any midwife's eligibility to practise.	Standard met	<i>The Grampian LSA has adopted the national guidance Guideline J Confirming a midwife's eligibility to practise.</i>
12.2 Implement the NMC's rules and standards for supervision of midwives.	Standard partially met	<i>The LSA has begun processes to fully implement all the NMC's rules and standards. The LSA has developed a risk register so that it can identify the highest risks. An action plan needs to be put in place to show how all the risks identified are going to be met or how the risks have been mitigated against.</i>
12.3 Ensure that the supervisor of midwives to midwives ratio reflects local need and circumstances (will not normally exceed 1:15).	Standard not met	<i>Some SoMs still have caseloads above the NMC ratio of 1:15.</i>
12.4 Set up systems to facilitate communication links between and across local supervising authority boundaries.	Standard met	<i>The LSA has set up systems to facilitate communication links across the North of Scotland LSA consortia and this system enables timely information to be distributed. The supervisors also participate in the Scottish Quality Improvement Group (SQIG) and can access this by teleconferencing systems.</i>
12.6 Provide a direct communication link, which may be electronic, between each supervisor of midwives and the local supervising authority midwifery officer.	Standard met	<i>The LSA is utilising e-mails, its website and telephone/postal methods. Supervisors confirmed that the use of on-line facilities had improved communications.</i>

Benchmark 5 – Rule 12 The Supervision of Midwives

Local supervising authority standard - *To ensure that a local framework exists to provide equitable, effective supervision for all midwives working within the local supervising authority, and that a supervisor of midwives is accessible at all times a local supervising authority will:*

Standard	Verification	Evidence Source
12.7 Provide for the local supervising authority midwifery officer to have regular meetings with supervisors of midwives to give support and agree strategies for developing key areas of practice.	Standard met	<i>Documentary evidence provided to the review team identified the LSAMO is able to have regular meetings with the supervisors of midwives in the Grampian LSA.</i>
12.8 Monitor the provision of protected time and administrative support for supervisors of midwives.	Standard met	<i>The LSA has audited whether the SoMs are allocated and receive their protected time. The audit shows that sometimes the planned provision does not occur due to pressure on time from clinical duties and it is not always possible to reschedule the lost hours.</i> <i>There is no administrative support for the supervisors.</i>
12.9 Promote woman-centred, evidenced-based midwifery practice.	Standard met	<i>The LSA promotes evidence based woman centred care. The LSA has a commitment to this and the LSAMO and supervisors demonstrate this commitment in their roles.</i>
12.10 Ensure that supervisors of midwives maintain accurate data and records of all their supervisory activities and meetings with the midwives they supervise.	Standard met	<i>As at Standards 9.2 and 9.3 above</i>
12.11 Supervisors of midwives are available to offer guidance and support to women accessing maternity services	Standard partially met	<i>There were no records of any women accessing SoMs themselves but there was a birth plan that had been made jointly with a supervisor. Information posters to inform women and families about supervision were in place, and there are plans to develop leaflets and improved posters.</i>

Benchmark 5 – Rule 12 The Supervision of Midwives

Local supervising authority standard - *To ensure that a local framework exists to provide equitable, effective supervision for all midwives working within the local supervising authority, and that a supervisor of midwives is accessible at all times a local supervising authority will:*

Standard	Verification	Evidence Source
12.12 Supervisors of midwives give advice and guidance regarding women-centred care and promote evidence-based midwifery practice.	Standard met	<i>SoMs give advice and guidance regarding women-centred care and promote evidence-based midwifery practice. This is confirmed by the discussions with the supervisors and the midwifery staff.</i>
12.13 Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives.	Standard met	<i>When the review team discussed this standard with the SoMs, it was apparent they are aware of this accountability.</i>
12.14 Supervisors of midwives provide professional leadership.	Standard met	<i>SoMs are seen as leaders of the service and experts in good practice by midwifery staff, but they have limited opportunity to actively promote their leadership role in terms of influencing best practice or carrying out audits and investigations</i>
12.15 Supervisors of midwives are approachable and accessible to midwives to support them in their practice.	Standard met	<i>SoMs were seen to be approachable and accessible to midwives to support them in their practice. Midwives themselves confirmed that they felt the supervisors to be meeting this standard</i>

Commentary

The LSA has continued to work to ensure that all the NMC's rules and standards are fully implemented. The LSAMO has only been in post for 11 months and already there have been many focused improvements.

The LSAMO has not audited supervisory records.

Benchmark 5 – Rule 12 The Supervision of Midwives

Local supervising authority standard - *To ensure that a local framework exists to provide equitable, effective supervision for all midwives working within the local supervising authority, and that a supervisor of midwives is accessible at all times a local supervising authority will:*

Standard	Verification	Evidence Source
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Recommendations Rule 12:

LSA

The LSA should:

- implement the guideline for transfer of supervisory records
- continue to implement the LSA database as a more systematic and effective system for recordkeeping
- continue to monitor the quality and accuracy of the records and the record keeping system
- ensure that supervisors of midwives receive adequate administrative support to carry out their roles effectively
- ensure that, wherever possible, SoMs protected time for supervisory duties is maintained and impact is measured when they are unable.
- continue to ensure that women-based care and evidenced based clinical practice is supported and promoted by the SoMs
- ensure that women are advised of the LSA, LSAMO and SoMs availability to offer support, advice and guidance
- ensure the SoMs are trained and competent in audit and review processes in order to help promote best practices and subsequently evaluate the benefits from any changes in practice
- promote and develop greater user involvement in service reviews and audits and in the development of evidence based practice.

NMC

The NMC should continue to monitor compliance with these standards through its review and risk assessment of the information in the annual LSA report and other related information.

Benchmark 6 - Rule 13 The Local Supervising Authority Midwifery Officer

Local supervising authority standards - *In order to discharge the local supervising authority supervisory function in its area through the local supervising authority midwifery officer, the local supervising authority will:*

Standard	Verification	Evidence Source
13.1 Use the NMC core criteria and person specification when appointing a local supervising authority midwifery officer	Standard met	<i>The North of Scotland LSA Consortia used the NMC core criteria and adherence to this standard was confirmed by the NMC and LSAMO with regard to the latest appointment to the post.</i>
13.2 Involve a NMC nominated and appropriately experienced midwife in the selection and appointment process	Standard met	<i>The NMC were involved in the appointment of Mary Vance as LSAMO.</i>
13.3 Manage the performance of the appointed local supervising authority midwifery officer	Standard met	<i>The line management of the LSAMO is by the Director of Nursing in the host LSA.</i>
13.4 Provide designated time and administrative support for a local supervising authority midwifery officer to discharge the statutory supervisory function	Standard met	<i>Administrative support is provided within the host LSA.</i>
13.5 Arrange for the local supervising authority midwifery officer to complete an annual audit of the practice and supervision of midwives within its area to ensure the requirements of the NMC are being met.	Standard met	<p><i>LSA audits were completed in</i></p> <ul style="list-style-type: none"> <i>• Dr Grays Hospital Elgin 24/06/08</i> <i>• Aberdeenshire Community Health Partnership Oct 2008</i> <i>• Aberdeen Maternity Hospital 20/06/08</i>

Commentary The LSA has met all these standards in principle.

Recommendation Rule 13:

LSA

The LSA should:

- make the LSA audit tool much more specific so that the SoMs know which standards and rules that they have met or partially met. The LSA needs to make specific recommendations for the SoM team. The SoM team need to develop an action plan in response to the audit and then implement the action in a planned way during the following year. The LSA should receive the action plan as a formal document.

NMC

The NMC should continue to monitor and risk assess the performance of the LSAMO against these standards

Benchmark 7 - Rule 15 Publication of Local Supervising Authority Procedures

Local supervising authority standard - *To ensure incidents that cause serious concern in its area relating to maternity care or midwifery practice are notified to the local supervising authority midwifery officer, a local supervising authority will:*

Standard	Verification	Evidence Source
15.1 Develop mechanisms with NHS authorities and private sector employers to ensure that a local supervising authority midwifery officer is notified of all such incidents.	Standard partially met	<i>There have been limited investigations and so the SoM team need clear guidance about which incidents need to be reported to the LSA and which triggers should instigate a supervisory investigation.</i>
15.2 Publish the investigative procedure.	Standard met	<i>The LSA has adopted national guidance</i> <ul style="list-style-type: none"> • <i>Guideline I Investigation of a midwife's fitness to practise (which includes serious incidents) Which is available to all via the LSA website link</i>
15.4 Publish the process for the notification and management of complaints against any: - local supervising authority midwifery officer - supervisor of midwives	Standard met	<i>The LSA has adopted national guidance</i> <ul style="list-style-type: none"> • <i>Guideline G Process for the notification and management of complaints against a supervisor of midwives or a LSA midwifery officer including the process for appeals. This is available to all via the LSA website link</i>
15.3 Liaise with key stakeholders to enhance clinical governance systems.	Standard met	<i>The LSAMO has started to meet with key stakeholders.</i>
15.5. Publish the process for removing from appointment a: -supervisor of midwives -local supervising authority midwifery officer	Standard met for SoMs but not fully for the LSAMO	<i>The LSA has adopted national guidance</i> <ul style="list-style-type: none"> • <i>Guideline D Guidance for poor performance and de-selection of supervisors of midwives</i> <p><i>There is no national comparable document published detailing the procedures for the LSAMO, but the LSAMO is subject to the complaints and dismissal procedures within each LSA.</i></p>
15.6 Publish the process for appeal against the	Standard met for SoMs but not for the	<i>For SoMs the standard is met.</i> <ul style="list-style-type: none"> • <i>Guideline D Guidance for poor performance and</i>

decision to remove a: officer - supervisor of midwives - local supervising authority midwifery	LSAMO	de-selection of supervisors of midwives <i>There is no national comparable document published detailing the procedures for the LSAMO, but the LSAMO is subject to the complaints and dismissal procedures within each LSA</i>
15.7 Ensure that the following are informed of the outcome of any local supervising authority investigation of poor performance, following its completion: - local supervising authority midwifery officer - supervisor of midwives	Standard met	<i>This stage is described within the national guidance for notification and management of complaints</i>
<p>Commentary</p> <p>There remains a need to strengthen and enhance the links with Grampian Health Board's clinical governance functions in order to integrate the LSAMO and supervisor of midwife's activities and roles.</p> <p>To date there have been no complaints about the LSAMO or the SoMs.</p>		
<p>Recommendations Rule 15:</p> <p>The LSA</p> <p>The LSA should:</p> <ul style="list-style-type: none"> • facilitate the LSAMO to improve her liaison with clinical governance and risk management in order to ensure full compliance with standard 15.1 to help to ensure better integration of the supervision of midwives into the Health Board's governance and risk management framework • monitor the processes for notification of incidents to ensure that rule 15.1 is being complied with • continue to ensure the LSAMO has a voice at executive level in the Health Board holding the responsibility for the LSA function <p>NMC</p> <p>The NMC should continue to monitor and risk assess the performance of the LSA against these standards.</p>		

Benchmark 8 - Rule 16 - Annual Report

Local supervising authority standard - *Written, annual local supervising authority report will reach the Midwifery Committee of the NMC, in a form agreed by the Nursing and midwifery Council, by the 1st of June of each year. (note this rule has been amended and the deadline is now the end of September each year)*

Each local supervising authority will ensure their report is made available to the public. The report will include but not necessarily be limited to:

16.1 Numbers of supervisor of midwives appointments, resignations and removals.

16.2 Details of how midwives are provided with continuous access to a supervisor of midwives.

16.3 Details of how the practice of midwifery is supervised.

16.4 Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits.

16.5 Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education.

16.6 Details of any new policies related to the supervision of midwives.

16.7 Evidence of developing trends affecting midwifery practice in the local supervising authority.

16.8 Details of the number of complaints regarding the discharge of the supervisory function.

16.9 Reports on all local supervising authority investigations undertaken during the year.

Commentary

Some standards were met in the 2006/07 report, particularly standards 16.1, 16.2, 16.6, 16.8, 16.9. However the NMC has decided that compliance with this standard will be fully assessed based on the 2007/08 report which has now been received.

Recommendation:

NMC

The NMC should assess compliance with this benchmark in its review of the 2007/08 report and its subsequent risk assessment of the LSA.

6. Conclusion

The review team would like commend the LSAMO and the team for the hard work they have undertaken to ensure this review ran smoothly.

Having identified in their self-assessment many of the areas that require review and/or improvement the Grampian LSA now needs to identify actions that will address the recommendations identified in the sections above and then draw up an action plan containing specific targets for the actions to be achieved. It is expected that the LSA will implement the actions and have in place processes to monitor and review the success and outcomes of the actions. It is expected that the LSA will also report on the outcomes as part of its annual reporting to the NMC, and also as part of any specific follow up monitoring of this review by the NMC and/or the Health Board.

This report will be published on the NMC website. The recommendations have been made to the Grampian LSA and an action plan must be submitted to the NMC within 8 weeks of receiving this report and will be published alongside this report.

Appendix 1 - The review team

Name: Marcia Ogunji

Role in review team: Registrant Reviewer/Chair

Other roles: Senior Midwifery Lecturer

Name: Suzanne Cro

Role in review team: External/Peer LSAMO

Other roles: LSAMO South Central SHA

Name: Claire Bonnet

Role in review team: Lay Reviewer

Other roles: Solicitor

Also present

Name: Dr Susan Way

Role in review team: NMC Representative, support and advisor to the review team

Other roles: Midwifery Advisor NMC

Appendix 2 - Programme of review

NMC Review Framework

Grampian LSA

Detailed Programme:

NMC Review Framework

Grampian LSA

Tuesday 4th November & Wednesday 5th November 2008

Programme

Time	Activity	Location
Day 1 - 04/11/08		
8.45 - 9.00	Welcome coffee/ tea available	Training Room 3 - Westburn Centre Foresterhill
9.00 - 9.30	Introduction from the Review Team to the LSA	Training Room 3 - Westburn Centre Foresterhill
9.30 - 11.00	Introduction from the LSA to the Review Team PowerPoint presentation from the LSAMO - synopsis of LSA, LSA strategy self audit tool and LSA identified risks PowerPoint presentation from the Supervisors of Midwives on the issues facing supervision in Grampian LSA, will include highlights of best practice	Training Room 3 - Westburn Centre Foresterhill
11.00 - 11.30	in camera session - refreshments available	Dental Room 2 - Westburn Centre Foresterhill
11.30 - 12.30	meet with Supervisors of Midwives	Training Room 3 - Westburn Centre Foresterhill
12.00 - 13.30	lunch	
13.30 - 14.00	meet with service users	Training Room 3 - Westburn Centre Foresterhill
14.00 - 14.30	meet with Richard Carey, Chief Executive & Elinor Smith, Director of Nursing	Training Room 3 - Westburn Centre Foresterhill
14.30 - 15.00	meet with Midwifery Managers	Training Room 3 - Westburn Centre Foresterhill
15.00 - 15.30	in camera session - refreshments available	Dental Room 2 - Westburn Centre Foresterhill
15.30 - 16.00	meet with Joan Milne, Head of Midwifery NHS Grampian and Lorna Campbell Midwifery Services Manager, Moray	Training Room 3 - Westburn Centre Foresterhill
16.00 - 16.30	meet with Mary Vance, LSAMO	Training Room 3 - Westburn Centre Foresterhill



Day 2 - 05/11/08		
9.00 - 9.30	meet with Ann McKay, Lead Midwife for Education	Seminar Room 2 - MacGillivray Centre, AMH
9.30 - 10.00	meet with Tracy Humphrey - Consultant midwife	Seminar Room 2 - MacGillivray Centre, AMH
10.00 - 10.30	in camera session - refreshments available	Tutorial Room 2 - MacGillivray Centre, AMH
10.30 - 11.00	meet with Mairi Duff, Clinical Governance Link for Maternity Services and Lynn Crawford, Risk Management Midwife	Seminar Room 2 - MacGillivray Centre, AMH
11.00 - 11.30	meet with midwives	Seminar Room 2 - MacGillivray Centre, AMH
11.30 - 12.00	meet with student midwives	Seminar Room 2 - MacGillivray Centre, AMH
12.00 - 12.30	meet with obstetricians	Seminar Room 2 - MacGillivray Centre, AMH
12.30 - 13.30	lunch	
13.30 - 14.00	meet with Jenny McNicol Practice Education Midwife and Lynn Grove Practice Education Lecturer	Seminar Room 2 - MacGillivray Centre, AMH
14.00 - 14.30	meet with Midwifery Lecturers	Seminar Room 2 - MacGillivray Centre, AMH
14.30 - 15.00	in camera session - refreshments available	Seminar Room 2 - MacGillivray Centre, AMH
15.00 - 15.30	Review Team feedback to LSA	Seminar Room 2 - MacGillivray Centre, AMH

Note: LSAMO and Supervisors of Midwives will be available at all times throughout the LSA review

Appendix 3 – Feedback given on last review day

Those present:

Mary Vance – LSAMO
Richard Carey - CEO
Elinor Smith - Director of Nursing
Joan Milne - Head of Midwifery (Aberdeen Maternity Hospital)
Tracey Humphrey - Consultant Midwife
Jenny McNicol - Practice Education Midwife

Thank you for attending this feedback session.

In summing up we would like to recapitulate on the aims of this review, which were to:

1. Provide verification that Grampian LSA is achieving the NMC standards for midwifery supervision.
2. To explore and comment on any serious issues and/or concerns identified in relation to LSA function
3. To identify any key themes and/or examples of good practice which could be shared with other LSAs.
4. To review any concerns that may impact on the protection of the public.

The subsequent report will be both formative, (an aid to development) and summative (a check that standards are being met).

We acknowledge that the LSA has been through a period of transition which has involved a period of 'catching-up'. This has not been easy and we commend all the effort invested.

As a result of this review we are assured that the LSA is moving in the right direction.

Throughout our visit over the last two days many of the LSA standards have been met through the adoption of National guidelines. The adoption is a recent development which now requires robust implementation and eventual audit of their effectiveness throughout the LSA.

There are going to be detailed in the report a large number of recommendations which relate to the 54 standards; a draft copy of which will be forwarded to the LSA in the agreed time frame and you are invited to provide factual comment.

We would like to comment that we are pleased that there will be a continuance of regular meetings between the LSAMO and the Director of Nursing, supported by open access to the Chief Executive Officer as required.

It is also important to continue to ensure that the LSAMO has a voice at the Health Board level.

We would like to comment that it was clear when we met the SoMs they were enthusiastic and committed to their role and the contribution which midwifery supervision makes to the care of women and their families.

We commend the action taken by the SoMs to ensure that they meet on a regular basis; and that they were clear about the channels of communication, which they utilise to ensure that information is shared in a timely manner.

The SoMs are accessible and supportive and this was verified by the midwives whom we met today.

We are also assured that supervision of midwifery is embedded in the pre-registration curriculum as stated by the Lead Midwife for Education and confirmed by the student midwives.

To conclude therefore we would like to re-emphasise that there will be many recommendations.

This has been an informative visit.

We would like to thank Mary Vance for all her hard work and effort.